



Women's Wellness Connection

Prevention Services Division

Cervical Cancer Screening Guidelines Fiscal Year 2014

I. Required Cervical Health History and Cervical Health Education

A cervical health history must be recorded in the clients chart. Cervical health history components must include:

1. History of Cervical Intraepithelial Neoplasia (CIN) 2/3 or cervical cancer
2. Human Immunodeficiency Virus (HIV) status
3. History of diethylstilbestrol (DES) exposure in utero
4. History of conditions resulting in a compromised immune system such as organ transplantation, chemotherapy, or chronic corticosteroid treatment
5. Hysterectomy status

Cervical health education must be provided to receive reimbursement for cervical cancer screening services that do not go beyond level C1 of the Bundled Payment System (BPS). Education may be provided to the client in verbal or written form. Cervical health education should include information about:

1. Education about cervical cancer screening intervals.
2. Providing options for cervical cancer screening: either a Pap test alone every 3 years or Pap test and Human Papilloma Virus (HPV) co-testing every 5 years.

II. Pelvic Exams

A pelvic exam may be provided yearly at the discretion of the provider. If a pelvic exam is not being performed as a component of collecting a Pap test, it is considered optional by WWC and may be performed based on the provider and client's determination of need. Performance of a pelvic exam is not required to receive reimbursement at level C1 of the BPS for cervical cancer screening services.

III. Screening for Cervical Cancer

Screening for women at average risk for cervical cancer will be covered by WWC at routine screening intervals: every three years with a Pap test alone or every five years with Pap and HPV co-testing.

1. WWC recommends that agencies screen eligible women with Pap and HPV co-testing every five years.
2. WWC **strongly recommends** that women who have never been screened for cervical cancer or who have not been screened in the past 5 years, be screened using Pap and HPV co-testing. If both tests are normal, these women may proceed with routine screening intervals.

Exceptions to Routine Screening Guidelines:

1. Screening for women considered high-risk for cervical cancer will be covered annually by WWC. These women include:
 - a. Women who are HIV positive
 - b. Women who are immunocompromised as the result of organ transplantation, chemotherapy, or chronic corticosteroid treatment.
 - c. Women who were exposed to DES in utero.
2. Screening for women after treatment for CIN 2/3 will be covered annually by WWC for at least two years or as determined by the provider's plan of care. The American Society for Colposcopy and Cervical Pathology (ASCCP) recommends Pap and HPV co-testing at 12, 24, and 60 months, then routine testing for 20 years.
3. WWC will cover annual Pap testing for women with a history of cervical cancer.
4. WWC will cover annual follow-up Pap and/or HPV testing when it is recommended by the American Society for Colposcopy and Cervical Pathology (ASCCP) Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors (2012).

Screening Women Who Have Had a Hysterectomy:

1. WWC will cover Pap testing alone every 3 years for women who have had a hysterectomy for treatment of CIN 2/3, or who have a history of CIN 2/3 prior to having a hysterectomy.
2. WWC will cover annual Pap testing for women with a hysterectomy for cervical cancer.
3. Women who have had a hysterectomy (with complete removal of the cervix) for benign reasons and who have no history of CIN 2 or worse should not receive cervical cancer screening services.

IV. Management and Follow-Up of Abnormal Cervical Cancer Screening

1. The ASCCP Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors (2012) must be followed for management and follow-up of abnormal cervical cancer screening results. ASCCP guidelines and algorithms are available at <http://www.asccp.org/>.
2. WWC will cover diagnostic excisional procedures such as LEEP when it is among acceptable options according to current ASCCP guidelines, such as follow-up for HSIL Pap test results.
3. WWC will cover endometrial biopsy (EMB) in addition to colposcopy for evaluation of Atypical Glandular Cells (AGUS). WWC will not cover EMB for reasons other than follow-up of an AGUS Pap test.
4. WWC will cover a colposcopy and/or polypectomy regardless of the Pap test result for cervical lesions, cervical polyps, or other suspicious cervical findings as determined by the provider. A normal Pap test cannot be used as a diagnostic indicator for a suspicious cervical finding on visual exam.
5. WWC may provide an additional reimbursement amount when more than one cervical diagnostic procedure is required to complete a diagnosis. The amount will be in addition to the level C4 bundled payment system reimbursement amount and will be in the amount of the Medicare Current Procedural Terminology (CPT) code rate for the procedure that is recommended. **Pre-approval from the WWC Nurse Consultant is required.**

V. Breast and Cervical Cancer Medicaid Program (BCCP) for the Treatment of Eligible Diagnoses

All women enrolled in WWC with an eligible diagnosis may apply for BCCP Medicaid if they are in need of **active treatment**. Women who are under close surveillance only (e.g. follow-up Pap testing) are not eligible for BCCP Medicaid.

1. **Active treatment** is defined as a woman in need of any of the following: surgical treatment (e.g. hysterectomy, LEEP, cone, cryotherapy) or chemotherapy or radiation.
2. Women who are diagnosed with certain cervical precancerous conditions (e.g. CIN 2/3) may not require active treatment, especially if the diagnosis is made by an excisional procedure. Verification from the provider that a client is in need of active treatment is required by WWC before a woman will be approved for BCCP Medicaid.

References

American College of Obstetrics & Gynecology. (2012). ACOG practice bulletin no. 131: Screening for Cervical Cancer. *Obstetrics and Gynecology*, 120 (5), 1222-1238.

Massad, L. S., Einstein, M. H., Huh, W. K., Katki, H. A., Kinney, W. K., Schiffman, M., Solomon, D., Wentzensen, N., Lawson, H. W. 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors. *Journal of Lower Genital Tract Disease*, 17 (5), S1-S27.

U.S. Preventive Services Task Force (2012). Screening for Cervical Cancer. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>